

Michigan (04-08)
approved: 10/15/04
effective: 07/01/04

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
HEALTH FINANCING ADMINISTRATION
DEPARTMENT OF HUMAN SERVICES

1. TRANSMITTAL NUMBER:

04 - 08

2. STATE:

Michigan

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE
July 1, 2004

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR: 440 Sects 167, 170(e), 225 & 230

7. FEDERAL BUDGET IMPACT:

a. FFY 04 \$ (1.5 million)

b. FFY 05 \$ (11.5 million)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement to Attachment 3.1-A, pages 37 & 38

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Supplement to Attachment 3.1-A, pages 37 & 38

10. SUBJECT OF AMENDMENT:

Personal Care Services & Hospital Emergency Services

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

Paul Reinhart, Director

Medical Services Administration

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Paul Reinhart

14. TITLE:

Director, Medical Services Administration

15. DATE SUBMITTED:

July 21, 2004

16. RETURN TO:

Medical Services Administration
Program/Eligibility Policy Division - Federal Liaison Unit
Capitol Commons Center - 7th Floor
400 South Pine
Lansing, Michigan 48933

Attn: Nancy Bishop

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

7/22/04

18. DATE APPROVED:

07/15/04

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 2004

20. SIGNATURE OF REGIONAL OFFICIAL:

Elizabeth A. Harris, Acting RRA

21. TYPE NAME:

Cheryl A. Harris

22. TITLE Associate Regional Administrator

Division of Medicaid and Community Health

23. REMARKS:

RECEIVED
JUL 22 2004
DMCH - MI/MN/WI

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of MICHIGAN

Amount, Duration and Scope of Medical and Remedial Care Services Provided to the Categorically and Medically Needy

24. Other Medical Care (continued)

d. Nursing Skilled Facility Services

Coverage of nursing facility services is the same for persons of all ages with the following exception:

Children under the age of 15 who need skilled nursing care must be referred to a facility specifically licensed by the Michigan Department of Community Health to care for children. However, the Director of the Department of Community Health may authorize individual exceptions upon written application by the child's parent or guardian.

e. Emergency Hospital Services

Emergency services include all medically necessary inpatient and outpatient services that are furnished by a provider that is qualified to furnish such services and the services are necessary to evaluate or stabilize an emergency medical condition.

f. Personal Care Services in a Beneficiary's Home

Personal Care Services, under the Home Help Program in Michigan, address physical assistance needs and enable individuals to remain in their home by avoiding or delaying the need for long-term care services in an institutional setting. These services are furnished to individuals who are not currently residing in a hospital, nursing facility, intermediate care facility for persons with developmental disabilities or institution for mental illness.

Personal care services are available to persons who require hands-on assistance in activities of daily living (ADLs): eating, toileting, bathing, grooming, dressing, ambulation, and transferring, as well as hands-on assistance in instrumental activities of daily living (IADL services include personal laundry, light housekeeping, shopping, meal preparation, and medication administration). Hour limits per calendar month are applied to the following IADL services as follows:

SHOPPING	5 HOURS
LIGHT HOUSEKEEPING	6 HOURS
LAUNDRY	7 HOURS
MEAL PREPARATION	25 HOURS

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Approval Date: OCT 15 2014

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Supersedes

TN No.: 94-13

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of MICHIGAN

***Amount, Duration and Scope of Medical and Remedial Care
Services Provided to the Categorically and Medically Needy***

24. Other Medical Care (continued)

f. Personal Care Services in a Beneficiary's Home (continued)

Personal Care Services are only available to beneficiaries who are identified as medically and/or physically disabled, or cognitively impaired by a Medicaid enrolled physician, occupational therapist, physical therapist and/or nurse practitioner, in accordance with a plan of care, and rendered by a qualified person.

Personal care services are available to beneficiaries living in their own homes, the home of another, licensed residential facilities of 16 or fewer beds, and licensed homes for the aged.

An individual assessment assists in identification of service needs. Beneficiaries with more basic needs may be served by adults who are capable of communicating with the individual and being responsive to his/her needs. Beneficiaries with more complex needs or more specialized problems must be served by individuals who can demonstrate their competence by experience or training.

When provided for minor children, personal care services must be shown to be a necessary supplement to usual parental care, justified by the high service needs of the family. High service needs are those which arise from a physical, medical, emotional, or mental impairment of the minor child, and which require significantly higher levels of intervention than those required by a child of the same age without similar impairments.

Providers shall be qualified individuals or individuals who contract with or are employed by an agency. Providers may not be legally responsible relatives (i.e., spouse, parents or guardians).

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